

Department of Health and Human Services
Public Health Services
Grant Progress Report

Review Group	Type	Activity	Grant Number
Total Project Period From:		Through:	
Requested Budget Period: From:		Through:	

1. TITLE OF PROJECT

2a. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR
(Name and address, street, city, state, zip code)3. APPLICANT ORGANIZATION
(Name and address, street, city, state, zip code)

2b. E-MAIL ADDRESS

4. ENTITY IDENTIFICATION NUMBER

2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

5. TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL

2d. MAJOR SUBDIVISION

E-MAIL:

6. HUMAN SUBJECTS

<input type="checkbox"/> No	6a. Research Exempt	6b. Human Subjects Assurance No.
<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

If Exempt ("Yes" in 6a): Exemption No.	6c. NIH-Defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes
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If Not Exempt ("No" in 6a): IRB approval date	<input type="checkbox"/> Full IRB or <input type="checkbox"/> Expedited Review
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7. VERTEBRATE ANIMALS

<input type="checkbox"/> No	7a. If "Yes," IACUC approval Date
<input type="checkbox"/> Yes	

7b. Animal Welfare Assurance No.

8. COSTS REQUESTED FOR NEXT BUDGET PERIOD

8a. DIRECT \$	8b. TOTAL \$
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9. INVENTIONS AND PATENTS

<input type="checkbox"/> No	<input type="checkbox"/> Yes	If "Yes," <input type="checkbox"/> Previously Reported
		<input type="checkbox"/> Not Previously Reported

10. PERFORMANCE SITE(S) (*Organizations and addresses*)

11a. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR (<i>Item 2a</i>)	TELEPHONE () FAX ()
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11b. ADMINISTRATIVE OFFICIAL (<i>Item 5</i>) NAME	TELEPHONE () FAX ()
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11c. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (<i>Item 14</i>) NAME TITLE TELEPHONE () FAX () E-MAIL

12. Corrections to Page 1 Face Page

13. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

SIGNATURE OF PI/PD NAMED IN 2a.
(*In ink. "Per" signature not acceptable.*)

DATE

14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

SIGNATURE OF OFFICIAL NAMED IN 11c.
(*In ink. "Per" signature not acceptable.*)

DATE